Image# 28933624756 10/20/2008 21:28

REPORT OF RECEIPTS AND DISBURSEMENTS 1 / 31 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT							
1. NAME OF COMMITT							
MIKE GRAVEL FO	R PRESIDEN	T 2008					
ADDRESS (number and	d street)	Check if differe	nt than previou	usly reported			
1600 N OAK ST #1412					2. IDENTIFICATION NUMBER C00423202		
CITY, STATE, and ZIP	CODE				3. IS THIS REP		
ARLINGTON	VA		22209		☐ Primary	General	
4. TYPE OF RI	EPORT (Check here if th	is is a Termina	ation Report.)			
April 15 Oversteel Pa				Monthly Report Due	On:		
April 15 Quarterly Re				February 20	June 2	_	
July 15 Quarterly Report				March 20 April 20	☐ July 20 ☐ Augus	<u>=</u>	
October 15 Quarterly	/ Report			May 20	Septer	mber 20	
January 31 Year End	l Report			Twelfth day report p	receding		
					(Type of Election)		
				election on		in the State of	
				Thirtieth day report f	ollowing the Gener	ral Election on	
				on		_	
IS THIS REPORT AN A	MENDMENT	YES	X NO				
5. COVERING PERIOD				FROM 09/01/2008		THROUGH 09/30/2008	
SUMMARY	6. CASH ON H REPORTIN	IAND AT BEGINNI G PERIOD	NG OF THE			4581.27	
		CEIPTS THIS PERI 22, Column A, Page				0.00	
	8. SUBTOTAL (Lines 6 and	d 7)				4581.27	
		BURSEMENTS TH 30, Column A, Page				0.00	
10. CASH ON HAND AT CLOSE OF REPORTIF (Subtract Line 9 from 8) 11. DEBTS AND OBLIGATIONS OWED TO THE (Itemize All on Schedule C-P or Schedule D-P)			OF REPORTI	NG PERIOD		4581.27	
					3723.01		
		ID OBLIGATIONS on Schedule C-P or				188046.88	
	13. EXPENDIT	URES SUBJECT	TO LIMITATIO	DN		556714.24	
NET ELECTION CYCLE- TO-DATE		FRIBUTIONS (Other ne 28d, Column B f		mn B, Page 2)		510430.36	
EXPENDITURES	(Subtract Li	RATING EXPENDIT ne 20a, Colummn E	from 23, Colu			556714.24	
I certify that I have exa	•	ort and to the best	of my knowl	edge and belief it is t	rue, correct, and	complete.	
Type or Print Name of Tr MIKE GRAVEL						Date 10/20/2008	
Signature of Treasurer						-	
NOTE: Submission of fa	lse, erroneous, o	r incomplete informa	ation may subj	ect the person signing	this Report to the p	penalties of 2 U.S.C. §437g.	
All previous versions of F	EC FORM 3P ar	e obsolete and sho	uld no longer b	e used.			
For further information	contact:	Federal Election C 999 E Street, N.W		Toll Free 800-424		FEC FORM 3P (01/2001)	

Local 202-694-1100

Washington, DC 20463

DETAILED SUMMARY OF RECEIPTS A (PAGE 2, FEC FORM 3P)	ND DISBU	RSEMENTS	2 / 31
Name of committee (in full)	Report Covering the Period	i	
MÎKÊ GRAVÊL FOR PRESIDENT 2008		From: 09/01/2008	To: 09/30/2008
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
(to		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		0.00	509928.76
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	501.60
(d) The Candidate	47(1)	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c)	, 17(d))	0.00	510430.36
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	73515.73
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	73515.73
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		0.00	0.00
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 2	0(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	6249.42
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		0.00	590195.51
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		0.00	556714.24
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	28900.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	28900.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
(-)		0.00	0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		0.00	585614.24
III. CONTRIBUTED ITEMS (Stock, Art Ob	ojects, etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds) (PAGE 3, FEC FORM 3P)	3 / 31
A MARKE OF COMMUTTEE (1 / 11)	

1. NAME OF COMMITTEE (in full)

MIKE GRAVEL FOR PRESIDENT 2008

ADDRESS (number and street)

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA 2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

22209

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	10454.40

Schedule C-P PAGE 4/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 23900.00 6100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6100.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 5/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 6/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 15000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 7/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 100.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 8/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 9/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 10/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 11/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 806.74 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 12/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 181.87 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 13/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 95.70 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 95.70 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 14/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1500.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 15/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 43.59 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 16/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 17/31 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 787.83 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 787.83 SUBTOTALS This Period This Page (optional) 44615.73 TOTALS This Period (last page in this line only)

PAGE 18 / 31 Schedule D-P (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DONATIONS NOT TRANSFERRED AUTHORIZENET CORP Mailing Address 915 SOUTH 500 EAST SUITE 200 ZIP Code City **AMERICAN FORK** UT 84003 Outstanding Balance Beginning This Period Transaction ID: SD11.19805 3423.01 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3423.01 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DONATIONS NOT TRANSFERRED Paypal Inc Mailing Address 7615 37th Ave ZIP Code City State Jackson Heights 11372 NY Outstanding Balance Beginning This Period Transaction ID: SD11.19804 300.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 300.00 3723.01 1) SUBTOTALS This Period This Page (optional)..... 3723.01 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 3723.01 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 19/31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING JOHN CROSS Mailing Address 2343 DAGGETT AVE ZIP Code State City **BATTON ROUGE** 70808 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19791 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 6500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP CONSULTING LEGAL Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20247 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 12500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 20 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES** Mailing Address 1825 EYE STREET NW State ZIP Code City WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20333 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES JULY 2008** Mailing Address 1825 EYE STREET NW ZIP Code State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20372 3000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20014 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 8000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 21 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT WHITNEY GRAVEL Mailing Address 1600 N. OAK ST City ZIP Code **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.13421 193.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 193.32 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT Augustine Gyamfi Mailing Address 11311 Trenton Ct ZIP Code City State **Bristow** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.13461 24.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 24.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION MINDI IDEN Mailing Address 149 S. Barrington Ave. #326 ZIP Code City State LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1500.00 1717.32 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 22 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEE - FUNDRAIS-ING **ELLIOT JACOBSON** Mailing Address 1101 3RD STREET, SW APT201 City State ZIP Code WASHINGTON DC 20021 Outstanding Balance Beginning This Period Transaction ID: SD12.13422 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 23 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING CONSULTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ACCOUNTING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.19795 4500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 4500.00 9500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 24 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20011 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING SERVICES Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20245 3000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20332 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 25 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KG INTERNATIONAL ACCOUNTING FEES Mailing Address 11311 TRENTON CT City State ZIP Code **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20371 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES - ACCOUNT-ING KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20375 2000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20377 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 1000.00 8000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 26 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING mosier lynne Mailing Address 76 patrick way ZIP Code City half moon bay CA 94019 Outstanding Balance Beginning This Period Transaction ID: SD12.19793 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING WEBSITE DEVELO-PMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 10000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CHRIS PETHRICK CONSULTING CAMPAIGN MAGT Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 18998.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 27 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - CAMPAIGN MAGT** CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD State ZIP Code City **BRANDYWINE** MD 20613 Outstanding Balance Beginning This Period Transaction ID: SD12.20246 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ELLEN REYNOLDS** NEW HEMPSHIRE OFFICE RENT-Mailing Address 7 ROBINSON LANE ZIP Code State MOUNT PRESENT 04660 ME Outstanding Balance Beginning This Period Transaction ID: SD12.13424 4000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROB RYAN LLC** WEBSITE REDESIGN Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 ZIP Code City State **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.13419 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 19000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 28 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROB RYAN LLC FUND RAISING FEES** Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 City State ZIP Code **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.18197 12900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 12900.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FUND RAISING **ROB RYAN LLC** Mailing Address 2654 W HORIZON RIDGE PARKWAY #B5-141 7IP Code City State **HENDERSON** NV 89052 Outstanding Balance Beginning This Period Transaction ID: SD12.18198 7312.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7312.50 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 ΤX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 22712.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE City State ZIP Code **AUSTIN** TX 78727 Outstanding Balance Beginning This Period Transaction ID: SD12.19798 6000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 6000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATÁBASE MANAG-EMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State 63132 ST LOUISE MO Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELENOMICS GROUP** DATABASE MANAGEMENT CONSULTING Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 12000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 31 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DATABASE MANAGEMENT CONSULTING **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING DATÁBASE MANAG-EMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State 63132 ST LOUISE MO Outstanding Balance Beginning This Period Transaction ID: SD12.19796 6000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): THE HARTFORD INSURANCE CAMPAIGN OFFICE Mailing Address P.O. BOX 2907 ZIP Code City State **HARTFORD** 06104 CT Outstanding Balance Beginning This Period Transaction ID: SD12.9257 520.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 520.00 9520.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 31 / 31 Schedule D-P (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TROY ASSOCIATES **RENTAL** Mailing Address 1916 Wilson Boulevard ZIP Code City State Arlington, V۸ 22201 Outstanding Balance Beginning This Period Transaction ID: SD12.20013 2983.33 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2983.33 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): RENTAL HQ TROY ASSOCIATES Mailing Address 1916 Wilson Boulevard ZIP Code City State Arlington, VA 22201 Outstanding Balance Beginning This Period Transaction ID: SD12.20351 2000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2000.00 4983.33 1) SUBTOTALS This Period This Page (optional)..... 143431.15 2) TOTALS This Period (last page this line number only)..... 44615.73 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 188046.88 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)